| AMENDMENT TRANSMITTAL LETTER                         |                                   |                                 |                        |                         | Docket No.<br>367618009US |  |
|--|-----------------------------------|---------------------------------|------------------------|-------------------------|---------------------------|--|
| AMENDMENT 7.  Application No. 10/758,293-Conf. #5167 |                                   | Filing Date<br>January 15, 2004 |                        | Examiner<br>S. C. Chen  | Art U                     |  |
| Applicant(s): Jeffrey Knapp                          |                                   | January 15, 2004                |                        | S. C. Chen              | 282                       |  |
|  |                                   | IOTUDEO INO                     |                        |                         |                           |  |
| Invention: METHO                                     | DS OF FORM                        | MATION                          | LUDING AIR             | CRAFT ANTENNAE          | AND ASSOCIATE             |  |
|  | TC                                | THE COMM                        | ISSIONER FO            | OR PATENTS              |                           |  |
| Transmitted herev                                    |                                   |                                 |                        |                         |                           |  |
| The fee has been                                     | calculated an                     |                                 |                        |                         |                           |  |
|  | CLAIMS AS AMENDED  Claims Highest |                                 |                        |                         |                           |  |
|  | Remaining<br>After<br>Amendment   | Number<br>Previously            | Number<br>Extra Claims | Date                    |                           |  |
| Total Claims   | 54                                | - 54 =                          | Present                | Rate X                  |                           |  |
| Independent<br>Claims                                | 8                                 | - 8 =                           |                        | х                       |                           |  |
| Multiple Depende                                     | ent Claims (ch                    | eck if applicab                 | le)                    |                         |                           |  |
| Other fee (please                                    | specify):                         |                                 |                        |                         |                           |  |
|  |                                   |                                 |                        |                         |                           |  |
| TOTAL ADDITIO  | DNAL FEE FO                       | OR THIS AME                     | NDMENT:                |                         |                           |  |
| Large Entity   |                                   |                                 |                        | x Small Entity          |                           |  |
| No additional  | fee is require                    | d for this ame                  | ndment.                |                         |                           |  |
|  | e Deposit Acc                     | ount No.<br>eet is enclosed     |                        | n the amount of $\$$ _  |                           |  |
| A check in the                                       | • •                               | et is enclosed                  |                        | the filing foe is enclo | and                       |  |
|  |                                   | m PTO-2038                      |                        | the filing fee is enclo | sea.                      |  |
|  |                                   |                                 |                        | Deposit Account No.     | 50-0665                   |  |
|  |                                   | licate copy of                  |                        |                         |                           |  |
|  | y overpaymen                      |                                 |                        |                         |                           |  |

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